



**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Air Quality  
**LPA/CPA AA (BWP AQ 34)**  
 Administrative Amendment of Previously Issued LPA or CPA

Transmittal Number \_\_\_\_\_

Facility ID \_\_\_\_\_  
 (From Existing LPA/CPA)

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Information** (site or works at which the regulated activity occurs)

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State MA ZIP Code \_\_\_\_\_

MassDEP Account # / FMF Facility # (if Known) \_\_\_\_\_ Facility AQ # / SEIS ID # (From Existing LPA/CPA) \_\_\_\_\_

Standard Industrial Classification (SIC) Code \_\_\_\_\_ North American Industry Classification System (NAICS) Code \_\_\_\_\_

**Mailing Address:**

Street/P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Facility Contact Person \_\_\_\_\_ Contact Person Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address (Optional) \_\_\_\_\_

**B. Reason(s) for Submission:** (check all that apply)

- Change in business name, facility name, mailing address, telephone number, or name of facility contact.
- Change in ownership of the facility that is subject to the plan approval.
- Increase in frequency of recordkeeping, monitoring, reporting or testing above that previously specified in the plan approval.
- Correction of typographical errors.

Effective Date of Change(s): \_\_\_\_\_ Date (MM/DD/YYYY)

**C. Explain Reason(s) for Submission in Detail:** (continue on separate attachment, if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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**D. Certification**

This Form must be signed by a Responsible Official working at the location of the facility. Even if an agent has been designated to fill out this Form, the Responsible Official must sign it. (Refer to the definition given in 310 CMR 7.00.)

**I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.**

\_\_\_\_\_  
Responsible Official Name (Type or Print)

\_\_\_\_\_  
Responsible Official Signature

\_\_\_\_\_  
Responsible Official Title

\_\_\_\_\_  
Responsible Official Company/Organization Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

This Space Reserved for  
MassDEP Approval Stamp.